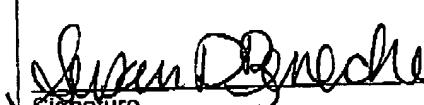
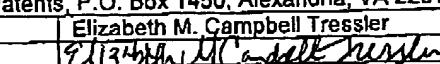


TRANSMITTAL FORM		Application Number	10/809,271	RECEIVED
		Filing Date	March 25, 2004	CENTRAL FAX CENTER
		First Named Inventor	Ruben Garcia Fabrega	FEB 08 2006
		Art Unit	1724	
		Examiner Name	Robert A. Hopkins	
Total Number of Pages In This Submission	10	Attorney Docket Number	201474-9016	
ENCLOSURES (check all that apply)		PETITION FOR EXTENSION OF TIME		
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final - 8 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Other:		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$120.00 (37 CFR 1.17(a)(1)-(6)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.		
CLAIMS FEES				
<input checked="" type="checkbox"/> No additional claim fee is required.				
			Small Entity	Large Entity
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Rate
Total	25	-	=0	x 25= \$
Independent	2	-	=0	x 100= \$
				+ 180= \$
				+ 360= \$0
FEES				
<input type="checkbox"/> Additional Claim Fee \$0.00 <input type="checkbox"/> Extension fee for one-month \$0.00 <input type="checkbox"/> Information Disclosure Statement \$0.00 <input type="checkbox"/> Surcharge for Missing Parts - Declaration \$0.00 <input type="checkbox"/> Terminal Disclaimer \$0.00				
TOTAL FEES \$0.00				
PAYMENT OF FEES				
<input type="checkbox"/> A check in the amount of \$ is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. A duplicate copy of this transmittal is attached for this purpose. <input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$0.00.				
SIGNATURE OF ATTORNEY				
Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH, LLP Two Prudential Plaza 180 N. Stetson, Suite 2000 Chicago, Illinois 60601 Telephone: (312) 222-0800 Facsimile: (312) 222-0818		 Signature Date: 2-8-06		
CERTIFICATE OF TRANSMISSION/MAILING				
I hereby certify that this correspondence is: <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300. <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below				
Typed or printed name	Elizabeth M. Campbell Tressler			Date: 2/8/06
Signature				

TRANSMITTAL FORM		Application Number	10/809,271	
		Filing Date	March 25, 2004	
		First Named Inventor	Ruben Garcia Fabrega	
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CLAIMS FEES				
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	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Rate Addit. Claim Fee Rate Addit. Claim Fee
Total	25	-	=0	x 25= \$ x 50= \$0
Independent	2	-	=0	x 100= \$ x 200= \$0
				+ 180= \$
				+ 360= \$0
FEES				
<input type="checkbox"/> Additional Claim Fee <input type="checkbox"/> Extension fee for one-month <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Surcharge for Missing Parts – Declaration <input type="checkbox"/> Terminal Disclaimer				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
TOTAL FEES \$0.00				
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<input type="checkbox"/> A check in the amount of \$ is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. A duplicate copy of this transmittal is attached for this purpose. <input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$0.00.				
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Typed or printed name		Elizabeth M. Campbell Tressler		Date: 2/8/06
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 201474-9016

In re Patent Application of:
Ruben Garcia Fabrega et al.

Application No: 10/809,271

Filed: March 25, 2004

Confirmation No.: 6924

Art Unit: 1724

Examiner: Robert A. Hopkins

Title: "METHOD AND DEVICE FOR THE
EVAPORATION OF VOLATILE SUBSTANCES
THROUGH A MEMBRANE"

I, Elizabeth M. Campbell Tressler, hereby certify that this correspondence is being facsimile transmitted to the USPTO, facsimile number (571) 273-8300, on the date shown below.

Elizabeth M. Campbell Tressler

Signature

2/8/2006

Date of Signature

AMENDMENT AND RESPONSE TO OFFICE ACTION

Via Facsimile Transmission (571) 273-8300
Commissioner for Patents

Sir:

In response to the Office Action mailed November 14, 2005 in connection with the above-identified patent application (the "Pending Application").

Amendments to the Claims begin on page 2.

The Remarks begin on page 6.

The Conclusion begins on page 8.